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General Dissociation Scale and Hypnotizability With African American College Students

Paper Presented at the American Psychological Association
August 25, 2002

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Abstract

The purpose of this study was to assess the reliability of the General Dissociation Scale with African American college students, and provide additional data on to how assess hypnotizability with these students. Two-hundred and two undergraduate African American college students participated in this study. Students completed the HGSHS:A, a measure of hypnotic depth, the Dissociative Experiences Scale (DES), General Dissociation Scale (GDS), the Inner Subjective Experiences scoring for the HGSHS:A, a measure of automatic hypnotic responding, and the Tellegen Absorption Scale (TAS). The GDS produced items had a reliability of .87 and it correlated .505, $p<.01$, with the DES. This study supported a previous study that showed that the HGSHS:A behavioral scoring method does not produce reliable items with African American college students, and these researchers suggested that the Inner Subjective Experiences method for scoring the HGSHS:A is more appropriate for African American college students than the behaviorally scored items of the HGSHS:A.

The General Dissociation Scale (GDS), developed by Sapp (2000), is a Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) based measure of dissociation. The GDS assesses the following 4 categories of dissociation: dissociative identity, depersonalization, dissociative amnesia, and dissociative fugue.

Dissociative identity disorder (DID), formerly multiple personality disorder, is a client's feelings or the presence of more than two distinct personal identities within himself or herself. And each identity has its own way of perceiving, relating, and interacting with the environment. Depersonalization is the report from clients of feeling detached from their bodies and feelings that are similar to being within a dream world. Dissociative amnesia is a client's lack of ability to recall personal information such as his or her name, his or her telephone number, where he or she lives, and so no.

Finally, dissociative fugue is where an individual unexpectedly travels away from his or her home and lack the ability to recall his or her past and has confusion about his or her personal identity. In addition, it is not uncommon for an individual with this diagnosis to assume a new identity. Unlike the Dissociation Experiences Scale (DES), the GDS measures specific dissociative disorders and not gross psychopathology. Sapp (2000) standardized the GDS with 205 European American college student participants (170 females and 35 male undergraduate and graduate students between the ages of 18 and 55). In addition, Sapp had students complete the DES. Sapp found that the GDS was significantly correlated with the DES, $r=.34$, $p<.01$, and the items for the GDS had a Cronbach's alpha of .84, $p<.01$. In addition, a correlation matrix was obtained for the 15 items of the GDS, and this matrix was analyzed through a principal components analysis to determine the number of factors that underlie this scale.

Unlike the theory that the GDS was based upon, which included 4 factors, 5 factors emerged. The 5 factors were named as the following: dissociative fugue, depersonalization, dissociative identity disorder, dissociative identity disorder not otherwise specified, and dissociative amnesia.

Sapp and Evanow (1998) and Sapp (2000) found that within a hypnotic context hypnotizability and dissociation is correlated; however, studies have not investigated dissociation measures and hypnotizability with African American college students. However, Sapp and Hitchcock (2001) assessed hypnotizabilty with African American college students using the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A). Using two-hundred seventeen undergraduate African American college students, these students completed thte HGSHS:A, a measure of hypnotic depth, the DES, Inner Subjective Experiences scoring for the HGSHS:A (Kirsch, Council, and Wickless, 1990).

The Inner Subjective Experiences scale is a measure of nonvolitional responding. In addition, students completed the Tellegen Absorption Scale , a measure of psychological absorption (TAS) (Tellegen and Atkinson, 1974). This sample of African American students was compared to European American college students and there were not differences in terms of difficulty indices from the HGSHS:A between the European American college students samples and the African American college student sample. Nevertheless, the reliability indice for the African American sample was lower than the other European American samples, and Sapp and Hitchcock (2001) suggested that perhaps the Inner Subjective Experiences method for scoring the HGSHS:A may be more

appropriate for African American students than the behaviorally scored items of the HGSHS:A.

Before the work of Sapp and Hitchcock, norms did not exist for using the HGSHS:A with African American students. Still, norms do not exist for African American college students who take individually administered scales of hypnotizability like the Stanford Hypnotic Susceptibility Scale. Therefore, the purpose of this study was to assess the reliability and validity of items of the General Dissociation Scale and hypnotizabilty with African American college students.

Methods

Two-hundred and two undergraduate African American college students from a predominately African American 4-year college participated in this study. There were 124 females and 78 males. The mean age was 19.88 and the standard deviation was 2.64 years. And the range for the age variable was 17 to 36. All participants received extra credit for their participation.

Procedures

Participants completed the experimental procedures in groups, and they received the following experimental procedure: tape-recorded HGSHS:A. After participants completed the experimental procedure, and completed the standard scoring of the HGSHS:A, which is based on participants' self-reports of their overt behaviors, they completed the Inner Subjective Experiences Scale. As previously stated, this scale

measures nonvolitional hypnotic responding and it is comprised of 12 Likert scale items that relate to the HGSHS:A. Items on this scale range from 1 to 6 for the 12 items pertaining to the HGSHS:A. Next, participants completed the Hypnotic Depth Scale (HDS) that was used to measure the participants' hypnotic depth. This is a Likert scale adapted from Szabo (1993), and it ranges from 0 to 10, with 10 being the deepest level of hypnotic depth. After the HDS, participants completed the Tellegen Absorption Scale (TAS) Tellegen and Atkinson (1974), Dissociation Experiences Scale (DES), and General Dissociation Scale.

The DES is a 28 item Likert scale that ranges from 0 to 100 percent (Waller, Putnam, and Carlson, 1996), and the TAS is a 34 item (true-false) scale that measures absorption (Tellegen and Atkinson, 1974).

Results

The item difficulties or percentages of participants passing each item of the HGSHS: A when compared to the previous sample by Sapp and Hitchcock (2000) did not differ significantly, $t=(22)=.71$, $p=.484$. In addition, these students' mean was 5.90 on the HGSHS:A and the standard deviation was 1.93. These descriptive statistics approximated those of Shor and Orne (1962). Shor and Orne reported a Kuder-Richardson reliability coefficient of .80 for the HGSHS:A. Sapp (2002) stated that for commercially prepared standardized test items' reliabilities usually range from .80-.90. Moreover, the standard error of measurement for the HGSHS:A was .14. In contrast, was 1.59 with the previous study by Sapp and Hitchcock (2001). Finally, Table 1 has the

item difficulties: percentages of participants passing each item of HGSHS:A for the current sample.

In terms of gender differences, unlike the previous study, males and females did not differ on the 12 items of the HGSHS:A. A two-group MANOVA using the 12 items of the HGSHS:A, Wilks'a Lambda =.919 (12, 182), p=.201. Also using a two-group MANOVA comparing males and females on the 15 items of the GDS statistical significance was not found, Wilks' Lambda=.883 (15,172), p=102.

The reliabilities for items of the GDS, DES, HGSH:A. Inner Subjective Experiences Scale, and TAS, respectively, were the following: .87, .96, .23, .88, and .96.

Table 2 has the results from the Inner Subjective Experiences Scale for automatic hypnotic responding. Moreover, Table 2 shows the correlation of items from HGSHS:A with items from the Inner Subjective Experiences Scale-noted by r. The means and standard deviations for the Inner Subjective Experiences Scale were similar to the analyses provided by Kirsch, Council, and Wickless (1990). However, the r's were much lower that the results of Kirsch, Council, and Wickless. The mean for the Inner Subjective Experiences Scale was 30.13 and the standard deviation was 12.86, which is similar to previous research. Very similar to the previous study by Sapp and Hitchcock, and as one would expect, items with Likert scores of 6 had the lower portions of participants passing those items, while, in contrast, Likert scores of 1 had the highest proportion of participants passing those items.

Table 4 has the intercorrelation of the HGSHS:A, Hypnotic Depth, Inner Subjective Experiences Scale, DES, GDS, TAS. The GDS had a .076 with the HGSHS:A and a .200 with the Inner Subjective Experiences Scale. Finally, the

correlation of the GDS and DES was .505, $p<.05$. The mean and standard deviation for the HGSHS:A was 5.94 and 1.93. For Hypnotic Depth the mean was 2.64 and the standard deviation was 2.33. For the Inner Subjective Experiences Scale, the mean was 30.13 and the standard deviation was 12.86. The DES had a mean of 546.04 and a standard deviation of 433.02. The GDS had a mean of 18.53 and a standard deviation of 5.09. Finally, the TAS had a mean of 97.30 and a standard deviation of 41.85.

Discussion

The GDS appears to have items that reliably assess dissociation. And as far as these researchers aware, this is the first instrument to present norms for a dissociation instrument for African American college students. Moreover, the GDS correlated .505, $p<01$ with the DES, which is a standardized measure of dissociation. In essence, items of the GDS have criterion validity with European American college students and with the current sample of African American college students. And like the previous study by Sapp and Hitchcock (2001) , it is possible to assess hypnotizability with African American college student using the scoring system of the Inner Subjective Experiences Scale, which measures automaticity of hypnotic responding.

Unfortunately, the scoring the system of the HGSHS:A, which has behavioral items, do not produce reliable items with African American college students. The General Dissociation Scale produces items that reliably measure dissociation with European American college students (Sapp, 2000) and with African American college students. Clearly, now, data exist that allows researchers to measure dissociation with African American college students. Unfortunately, little is know about African American college

students and hypnotizability and dissociation; however, the current study provides a starting point for additional research. Additional research is needed within this area that explore in great depth the factors that influence dissociation and hypnotizability with African American college students. As Sapp and Hitchcock had previously stated, norms are needed for individually administered scales of hypnotizability for African American college students. Finally, the General Dissociation Scale is found in appendix A.

Table 1 Item difficulties: percentages of participants passing each items of the HGSHS:A

1. Eye Closure	.54
2. Heading falling	.56
3. Hand Lowing	.47
4. Arm Immobilization	.66
5. Finger Lock	.57
6. Arm Rigidity	.71
7. Hands Moving	.64
8. Verbal Inhibition	.67
9. Hallucination	.25
10. Eye Catalepsy	.56
11. Post-Hypnotic Suggestion	.18
12. Amnesia	.24

Mean=.50

Table 2 Measures of automatic hypnotic responding:Inner Subjective Experiences Scale

	Mean	Standard Deviation	r
1. Eye Closure	3.22	1.74	.430**
2. Heading falling	3.18	1.85	.283**
3. Hand Lowing	3.03	1.85	.341**
4. Arm Immobilization	2.75	1.73	-.059
5. Finger Lock	2.46	1.65	.201**
6. Arm Rigidity	2.44	1.54	.071
7. Hands Moving	2.38	1.65	.142*
8. Verbal Inhibition	2.45	1.71	.185**
9. Hallucination	1.66	1.27	.361**
10. Eye Catalepsy	2.44	1.70	.350**
11. Post-Hypnotic Suggestion	1.75	1.29	.288**
12. Amnesia	2.63	1.62	-.083

Note. The values represent a percentage
Note. **=p<.01

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Table 3 Proportion of participants passing each suggestion for the Inner Subjective Experiences Scale for the HGSHS:A

1.	Head Falling	I did not experience my head falling forward.	.272	.099	.144	.218	.153	.114	My head fell forward by itself.
2.	Eye Closure	I closed my eyes intentionally.	.312	.089	.168	.129	.144	.158	My eyes closed all by themselves.
3.	Hand Lowering	My hand did not feel heavy.	.332	.119	.134	.144	.114	.149	My hand felt heavy and lowered by itself.
4.	Arm Immobilization	I could easily lift my arm.	.381	.114	.163	.144	.099	.094	My arm felt too heavy to lift.
5.	Finger Lock	I could easily take my hands apart.	.460	.099	.153	.139	.069	.069	My fingers were so tightly locked together that I could not separate them.
6.	Arm Rigidity	My arm did not feel stiff at all.	.431	.099	.198	.144	.074	.04	My arm felt so stiff that I could not bend it.
7.	Moving Hands Together	I did not feel anything pulling my hands.	.48	.119	.144	.104	.074	.069	I felt a strong force pulling my hands.
8.	Communication Inhibition	I could easily shake my head "no."	.460	.144	.114	.094	.094	.079	It was impossible to shake my head "no."
9.	Experiencing Of Fly	I did not hear or feel the fly.	.723	.069	.079	.069	.025	.025	I heard and felt the fly as vividly as if it were really there.
10.	Eye Catalepsy	I could easily open my eyes.	.465	.139	.124	.089	.099	.074	It was impossible to open my eyes.
11.	Post Hypnotic Suggestion	I just decided whether or not to touch my left ankle.	.644	.139	.084	.054	.030	.030	I was surprised to find myself touching my left ankle.
12.	Amnesia	I easily remembered everything.	.005	.376	.129	.168	.089	.005	It was impossible to remember anything.

Table 4. Intercorrelation of HGSHS:A , Hypnotic Depth, Inner Subjective Experiences Scale, DES, GDS, and TAS.

	1	2	3	4	5	6
1. HGSH5:A	1.0					
2. Hypnotic Depth	.298**	1.0				
3. Inner SubjectiveExperiences Scale	.391**	.543**	1.0			
4. DES	.140*	.160*	.252**	1.0		
5. GDS	.076	.119	.200**	.505**	1.0	
6. TAS	-.028	.078	.161*	.517**	.505**	1.0

* = $p < .05$
** = $p < .01$

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Appendix A

General Dissociation Scale (GDS)

Name_____

1. I felt the presence of two or more distinct personal identities within me, each with its own pattern of perceiving, relating, and thinking about the environment.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

2. Two or more distinct personal identities recurrently take control of me.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

3. My inability to recall personal information cannot be explained by ordinary forgetfulness.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

4. My inability to recall personal information could occur even when I am not drinking, taking drugs, or taking medication.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

5. I have persistent experiences of feeling detached from my body or mental processes.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

6. I feel like I am in a dream world.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

7. When I feel detached, it could or does cause impairment in my social, occupational, and other areas of functioning.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

8. My detatchment could occur even when I am not drinking, taking drugs, or taking medication.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

9. I have trouble recalling personal information such as my name, phone number, where I live, and so forth.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

10. My ability to recall personal information could occur even when I am not drinking or on medication.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

11. My ability to recall personal information could cause impairment in my social, occupational, and other areas of functioning.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

12. I could have traveled away from home and could or have had difficulty remembering the past.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

13. I could or have had partial or complete confusion about my identity.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

14. The possibility of partial or complete confusion could occur even when I am not drinking, taking drugs, or taking medication.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

15. My partial or complete confusion could cause impairment in social, occupational, and other areas of functioning.

Not at all	Somewhat	Moderately so	Very much so
1	2	3	4

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